

for 20-hour Kansas Home Health Aide Certification

- < **copy** of identification with current name & social security number (such as driver=s license, social security card)
- < an application fee of \$20.00 (check or money order)
- < **an OFFICIAL** transcript from **current** training program or a copy of professional license (if expired, must be within the last 24 months)

All fees are NOT refundable

Name			
Last	First	MI	Other (maiden/surname)

Social Security Number	-	-	Birth date	/	/	Sex	Male	Female
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Address _____
Street City State Zip

Phone Number Home () Work () _____

EMAIL:	Preferred Method of Approval Letter:	Mail	Email
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___(N) No high school
 ___(H) High school diploma or GED
 ___(L) Licensed Practical Nurse
 ___(D) Diploma Nurse (RN)
 ___(A) Associate Degree
 ___(B) Bachelor's Degree
 ___(M) Master's Degree
 ___(E) Education Specialist
 ___(P) PhD

Training		Licensure
__RN	<u>OR</u>	__RN State
__LPN		__LPN State
LMHT		LMHT State

___ Andover	___ Concordia	___ Hutchinson	___ Lawrence	___ Parsons	___ Winfield
___ Atchison	___ Dodge City	___ Independence, KS	___ Lenexa	___ Pratt	
___ Beloit	___ Emporia	___ Iola	___ Liberal	___ Salina	
___ Burlingame	___ Fort Scott	___ Junction City	___ Manhattan	___ Topeka	
___ Chanute	___ Garden City	___ KC KS Community College	___ Merriam	___ Wichita/Allied	
___ Coffeyville	___ Great Bend	___ KC KS Delores Homes	___ Olathe	___ Wichita/Bethel	
___ Colby	___ Hays	___ KS KS Donnelly	___ Pittsburg	___ Wichita/WSU Tech	

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. *I have attached a **copy** of an identification document with my current name, social security number, and an official transcript or copy of professional license.*

Candidate's Signature	Date
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Mail this form and attachments to: Health Occupations Credentialing, KDADS
503 S Kansas
Topeka KS 66603-3865

KDHE USE ONLY: Approval Date

Test Date

Candidate, **please note:**

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
2. You must be able to provide your social security number on the test for identification.
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
5. You will receive an Approval to Test notice that will allow a home health agency to employ you as a Trainee II for a single three month period beginning on the approval date.
6. Home health aide certificates are issued to those who achieve a score of at least 22 on the home health aide test.
7. The home health aide test may be taken **only one time** based on training or licensure. Any candidate who fails the test on the first attempt **must enroll in a state-approved training course**. You then have two remaining opportunities to pass the test within one year from the approval date designated above.

Web site: www.kdads.ks.gov/hoc